

COVER PAGE



Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

Garcia

Raquel

APR - 2 2013  
RECEIVED  
CITY OF BALDWIN PARK  
CITY CLERK'S DEPARTMENT  
Mônica R - 8 PM 1:30

## 1. Office, Agency, or Court

Agency Name

City of Baldwin Park

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: SGVCOG / Sanitation Dist / ICA Position: Board member

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of Baldwin Park☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2012.☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☒ **Schedule A-1 - Investments** – schedule attached☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☒ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

## 5. Verification

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 4/1/2013  
(month, day, year)

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Raquel Monica Garcia

► NAME OF BUSINESS ENTITY  
EVOQ Properties / formerly MMPI Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
land owner / real estate development

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
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☐ Partnership      ☐ Income Received of \$0 - \$499  
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☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_



# **SCHEDULE D** **Income – Gifts**

Name  
**Raquel Monica Garcia**

► NAME OF SOURCE (Not an Acronym)  
**Waste Management**

ADDRESS (Business Address Acceptable)  
**13940 Live Oak Avenue, Baldwin Park CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Hauler**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 12	70.00	Dinner
02 / 03 / 12	75.00	Tour
04 / 26 / 12	70.00	Dinner

► NAME OF SOURCE (Not an Acronym)  
**Olivarez Madruga P.C.**

ADDRESS (Business Address Acceptable)  
**1100 S. Flower Street, Suite 220 Los Angeles CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 12	70.00	Dinner

► NAME OF SOURCE (Not an Acronym)  
**Waste Management**

ADDRESS (Business Address Acceptable)  
**13940 Live Oak Avenue, Baldwin Park CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Hauler**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 09 / 12	50.00	Dinner
09 / 06 / 12	70.00	Dinner
11 / 08 / 12	50.00	Dinner

► NAME OF SOURCE (Not an Acronym)  
**Clear Channel Communications**

ADDRESS (Business Address Acceptable)  
**19320 Harborage Way, Torrance CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Global Media Entertainment Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 12	70.00	Dinner

► NAME OF SOURCE (Not an Acronym)  
**Afriat Consulting**

ADDRESS (Business Address Acceptable)  
**4107 W. Magnolia Blvd, Burbank CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Government Relations Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	70.00	Dinner
12 / 20 / 12	70.00	Dinner

► NAME OF SOURCE (Not an Acronym)  
**Southland Transit**

ADDRESS (Business Address Acceptable)  
**14913 Ramona Blvd, Baldwin Park CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Transportation Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 12	70.00	Dinner

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

Name  
**Raquel Monica Garcia**

► NAME OF SOURCE *(Not an Acronym)*  
**Ken Spiker and Associates**

ADDRESS *(Business Address Acceptable)*  
**1100 S. Flower St, Suite 3300 Los Angeles CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Government Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 12	70.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_